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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/IE00/00032 03/20/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IRELAND S990219 03/18/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance
Verified and Acknowledged	Examiner's Signature _____ Initials _____

**ADDRESS**

Nixon Peabody  
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 8180 Greensboro Drive  
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**TITLE**

Surgical access device

FILING FEE RECEIVED 1260	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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